

PAYMENT INSTRUCTION FORM FOR PAYMENTS TO ZIMBABWE

You must complete all sections of this form for us to update your record.

Personal Details

| Your full name | Pension reference number |
|--|---|
| | (a separate form must be completed If you have another membership with us) |
| Address | |
| | Destroyle |
| | Postcode |
| Email address | Contact telephone number |
| National Insurance No | |
| Existing Bank Details (where we currently pay your pension) | |
| Name of bank | Account name |
| Please fill out the relevant details below from your existing bank account. (include your sort code, bank address, account number (if UK bank). Or if overseas, your institution number, bank identification code, IBAN or routing number whichever is relevant to the bank). | |
| | |
| | |
| New Bank Details (wh | nere you would like your pension to be paid) |
| Name of bank | |
| Bank address | |
| Account name (The account receiving your p | ension <u>must</u> bear your name) |
| Account Type | |
| Bank/Branch Code (Zero filled right justified) | |
| Account Number [(Zero filled right justified, no set in the set of the set o | spaces, hyphens or dashes) |
| Declaration | |
| - | n and fraud prevention measures, it is important for us to verify your identity before we make any records. We cannot accept this form if it's not signed. |

Please post your completed form to: British Airways Pensions, PO Box 2074, 8 Castle Street, Liverpool, L69 2YL. Alternatively, you can email it to post.inbound@bapensions.com

Date _____

Signed _